

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Title:: SYSTEMS AND METHODS FOR OVERCOMING
STICTION

Attorney Docket Number:: 019930-002810US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 14

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Family Name:: Miller

City of Residence:: Louisville

State or Province of Residence:: CO

Country of Residence:: US

Street of Mailing Address:: 1035 South Boulder Road, #115

City of Mailing Address:: Louisville

State or Province of mailing address:: CO

Country of mailing address:: US
Postal or Zip Code of mailing address:: 80027

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Lilac
Family Name:: Muller
City of Residence:: Nederland
State or Province of Residence:: CO
Country of Residence:: US
Street of Mailing Address:: 241 Alpine
City of Mailing Address:: Nederland
State or Province of mailing address:: CO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 80466

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: L.
Family Name:: Anderson
City of Residence:: Boulder
State or Province of Residence:: CO
Country of Residence:: US
Street of Mailing Address:: 1011 Rainbow Way
City of Mailing Address:: Boulder
State or Province of mailing address:: CO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 80303

Correspondence Information

Correspondence Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	10/087,040	02/28/02

Foreign Priority Information

Country::	Application number::	Filing Date::
-----------	----------------------	---------------

Assignee Information

Assignee Name::	PTS Corporation
Street of mailing address::	2700 Mission College Blvd., #140 Q
City of mailing address::	Santa Clara
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	95054